PTO/SB/17 (10-08)
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MADE				Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10		10/733,400-C	0/733,400-Conf. #9114		
FEE TRANSMITTAL						December 12,	December 12, 2003		
						Shuji ONO	Shuji ONO		
For FY 2009						Jamie R. Kuca	Jamie R. Kucab		
Applicant claims small entity status. See 37 CFR 1.27			27	Art Unit 36		3621	3621		
TOTAL AMOUNT OF PAYMENT (\$)		(\$) 130.00	(\$) 130.00		Attorney Docket No. 35		562-0132P		
METHOD OF	PAYMENT (check	all that annly)							
Check	Credit Card	Money Order	No	on Other	(nlanca idan	tifu):			
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
								<u></u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCUL	ATION								
1. BASIC FILING	S, SEARCH, AND E	XAMINATION FE	ES				•		
	FI	LING FEES	SE	ARCH FEES		INATION FEES	j		
Application Ty	pe	Small Entity (5) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees Pa	aid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70	4		
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	030	0	 		
		110	U	· ·		v	•	Small Entity	
2. EXCESS CLA Fee Description	IIVI FEES						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims			F	Fee Paid (\$) <u>M</u>		Multiple Dependent Claims			
	or HP = 0	_ x =				Fee (\$)	Fee Paid (\$)	1	
	per of total claims paid fo	r, if greater than 20.							
Indep. Claims	Extra Claim	s Fee (\$)	F	ee Paid (\$)					
	or HP = 0	_ x =							
HP = highest numb	er of independent claims	paid for, if greater that	an 3.						
listings und	N SIZE FEE tion and drawings e er 37 CFR 1.52(e)), action thereof. See 3	the application si	ize fee du	ue is \$270 (\$135	for small	filed sequence or entity) for each a	· computer additional 50	,	
Total Sheets	Extra Shee	ts Number	of each a	additional 50 or fra	ction ther	eof Fee (\$)	Fee P	aid (\$)	
	- 100 =	/50 =		(round up to a wh	ole numbe	r) x	=		
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00									
SUBMITTED BY Registration No. 20 401 Telephone (703) 205 8000									
Signature	1/1/1/2	Meto			39,49	1 Telephone	(703) 205	5-8000	
Name (Print/Type)	ame (Print/Type) Michael R. Cammarata Date December 22, 20							22, 2008	